



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	A. Christian Tahan	Examiner:	Robert W. Morgan
Application No:	09/784,751	Art Unit:	3626
Filing Date:	02/15/2001		
Title:	Method Of Using a Global Server For Providing Patient Medical Histories To Assist In the Delivery Of Emergency Medical Services		
Atty. Docket:	XWRLD-102		

SUPPLEMENTAL RULE 131 DECLARATION

Commissioner of Patents & Trademarks
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

Now comes A. Christian Tahan, the inventor of U.S. Patent Application Serial No. 09/784,751, filed February 15, 2001, and deposes and says:

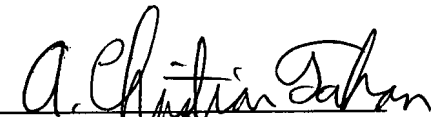
1. That I previously filed a Rule 131 Declaration to indicate that I had not abandoned, suppressed or concealed my invention;
2. That the Examiner has said that I failed to provide sufficient evidence that I worked diligently from just prior to February 22, 2000 or April 26, 2000 until the filing date of February 15, 2001;

3. That as described in Appendix A hereto, each of the diary entries previously provided is more fully described in terms of what I was doing to reduce my invention to practice;

4. That as a result of these explanations and the diary entries themselves, it is clear that I did not abandon, suppress or conceal my invention and that I worked diligently over the time period indicated.

Further deponent sayeth not.

I further declare that all the statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.


A. Christian Tahan

Date: November 30, 2007

APPENDIX A

A. Christian Tahan
XWRLD-102
Reduction to Practice Evidence

Entries/Evidence of continued reduction to practice

The reader of the journal entries must understand that a mention of an idea indicates that I am beginning to work on the topic or am in the process of developing the idea. For example, if I mention the idea of understanding how the medical record system can work with a pharmacy, I am in the process of coding and calling pharmacies to understand how the system can be properly used. I am not simply indicating the idea in mind for potential future applications. I am literally continuously reducing the thought to practice. I am noting specifically continued reduction to practice for APPENDIXES A-N.

APPENDIX A: I introduce the invention by reflecting on my time working in an emergency room and understanding the importance of the medical record in the hospital, i.e. the physician not helping a patient typically until a record is present. Reduction to practice is evident when I start describing putting the system together:

“You could have the complete record on the network for a patient or a partial record, but the complete record that is usually the large file can be on the network and could more easily be reviewed on the computer since you could more easier move through the pages.”

With the quotation from the July 22, 1996, diary entry I am investigating the paper record and how it can be digitized. I am investigating how the digital file will be used; I am discussing it with personnel. And I am understanding the file format, coding aspects, required. Specifically, I am beginning to code the project.

APPENDIX B, FEB0800: I continue to reduce to practice by deciding that I can only use the computers readily available and the only manner to deal with the lack of technology is to limit the size of the medical record to only the important information. I implement other inclusions that would not take much space but would allow the medical practitioner to record problems with the patient. For instance, I design a form with the outline of a human so that a healthcare professional can mark an X on the outline where a person is injured that would not require much computer memory for storage or communication:

“For the medical record idea, you could include only the basic information in text so that it would not take forever for the person that needs it to receive it. You can then have a drawing of a person or body and may be Xs indicate problem area in the past or specific symbols at points on the line drawing or trace of the body so that the person needing the information can understand what is wrong with the person. Such an idea is simple and would allow for quick access to the most relevant information.”

APPENDIX C, MAR800: I continue to reduce to practice by trying to get the system I am creating implemented. I communicate with advisors and personnel in hospital

settings to understand if they will use my system. I determine that delays that I cannot control, as physicians reluctance to use technology or hospitals not having money to purchase a system, will have to be overcome:

“I spoke to a colleague by phone today about the medical record system and he indicated that the main problem is not the technology but that administrators and particularly physicians are reluctant to adopt new systems. I told him that the idea could be great internationally since it does not exist in Europe, particularly the UK, and he said it is a great idea but difficult for bureaucratic reasons and hospitals do not have much money for new systems.”

APPENDIX D, APR800: I continue to reduce to practice by trying to network mobile computers to each other. I learn about embedded programming to allow for greater connectivity between different mobile units for the use of relaying medical records:

“I am reading about embedded programming since portable computers are limited in capabilities so that I will have to understand how to interconnect with them as best as possible through the internet, especially for the medical records. The speech to text system is much easier, does not require as much memory on the device.”

APPENDIX E, MAY800: I continue to reduce to practice by coding and realizing that the basic information as a medical record would be helpful for emergencies, but that caregivers at hospitals would need the entire medical record. So, I begin to implement structure in the system to allow for scalability so that the system can start as a minimal record system and can be scaled in some regard to allow for the full record at the hospital. One solution was simply to keep the complete record at the hospital and use the minimal record for communications away from the hospital or physician's office:

“My main concern about the medical records is the speed in getting them to the party at the scene. I am guessing that only the basic information will need to be sent since at the scene of an emergency I do not know if the entire record will be used since no time will exist. But in the hospital, the entire record would be helpful. So the system could start as an emergency scene system and we can develop it from the hospitals or where more time is available.”

APPENDIX F, JUN800: I continue to reduce to practice by trying to implement server technology for use in the system and realize that internet service provider servers could be used rather than my needing an office in each region that houses my own servers. Also, I communicate with advisors that believe that servers that preexist in hospitals can be used to store information. In other words, the issue was simply converting the paper records to digital form, which I had concluded could be performed by scanning the records. I determine that servers at insurers could also be used particularly since insurers would benefit most financially by having the system I was creating in place:

"I was thinking that I do not need an office in every region for the medical records idea. I could simply use other servers already in place by internet providers or simply work with hospitals or insurers to use their servers to house records since they could benefit most by the patient being helped faster."

APPENDIX G, JUL800: I continue to reduce to practice by continuing to code the system, particularly related to wireless protocols. I improve the development of the ID by implementing barcodes that can be easily scanned, and I look to implementing biometrics in case a patient is not carrying an ID. I continue to develop the ability for patients to access their records over the Internet to make certain no mistakes were made or to restrict access to certain parts of their record. I begin to develop profiles so that patients can review their records and click on links that could provide them more information about their conditions or other conditions:

"The beauty of the medical record idea is that it could be wireless. So, it could be used from any location, even far away from the hospital and even in a rural area if you incorporate a satellite network. Also, the bar code as an ID is a good idea, but biometrics as a fingerprint scanner or iris scanner could work for identifying the patient and for security. Also, the system forwarding the sent information from the scene to the next location immediately is a good idea so that the next party can use it and communicate with the emergency person if needed. Also, I do not know what government regulations are in place related to patient privacy. I will have to look into it. Lastly, the patient could review their record at home over the internet possibly to decide what to restrict or to be certain that no mistake was made related to an event. Perhaps information specific to the medical condition of the patients could be available. The website could have each patient have their own profile so that they could have information about their conditions presented to them so that they could learn about current research and general news."

APPENDIX H, AUG600: I continue to reduce to practice by trying to get the same barcode I am using for the record system to be used on the record of the patient in the hospital. I also decide that different barcodes can be used related to a patient's care to protect optimally the privacy of the patient:

"The barcode idea as an ID for the medical records concept is interesting since it could also be used in the hospital instead of the person's name being on the wristband. Also, more than one barcode can be used. For example, a barcode could show the pharmaceuticals the person is on. It would be an immediate list to prevent possible error. The barcode could also show what tests need to be performed or have been performed and if the patient is due for a specific type of procedure. The barcodes could also be used on the whiteboard in the emergency room where the patient name is kept for privacy, it can be on the record itself instead of the name because so many people go through the emergency room that you do not know who will see the name to pick-up the record and look at the file. But if the barcode is on it, the medical team will only know the identity since they will have a personal unit with a scanner that will provide them the identity

of the patient.”

APPENDIX I, SEP600: I continue to reduce to practice by trying to populate the server I have in place with medical records, a standard form of important information I created. I recognize the difficulty in getting people to input their information. I also communicate with emergency personnel that would not have the funds to purchase portable computers to be used in the field. I code with the thought that emergency personnel in the field would use their cell phones since they are always carrying them:

“The medical record idea is something that is too tough especially if you consider trying to have every person at list in a region have a standard record and to save it on a computer system that is networked. Also, the emergency personnel unlikely will adopt portable computers to be used. But they could use their cell phones. So, the cell phone can be an important device . . . for the medical system especially if it has a bar code scanner. Inputting information with the letter/number buttons could also be done, especially if the keypad were made bigger.”

APPENDIX J, OCT600: I continue to reduce to practice by continuing to develop the medical records system but realizing that money will be needed for optimal progress in coding and server development. Also, I communicate with hospital personnel and emergency personnel about the standard record since I realize that they have to agree on a standard form so that the system can be adopted and used. But I realize the difficulty since healthcare workers seem to have different opinions and wants related to a record:

“The medical record system can be done, but it will take money and an enormous collaboration. Groups nationally or regionally would have to agree on a standard record or file type. I do not know if I could ever get such a large group to agree on something that so many different groups likely would feel or have a different opinion about.”

APPENDIX K, NOV400: I continue to reduce to practice by finding a patent attorney to file for a patent. I begin to structure the idea in a patent application format to present to the attorney:

“I have not told him the medical records idea in detail . . . I do not know if he will like it, but we could work on it. He may think the idea of everyone having a record on the internet or in a server system or network may be too difficult to implement. I think it is a great idea especially for emergency medical teams that could use the medical record as soon as possible.”

APPENDIX L, DEC300: I continue to reduce to practice the invention by continuing to complete the application for a patent. I continue to develop the system by coding. I begin to feel that so many paper records exist that starting anew rather than scanning each page may be best. Simply, the patient will have to input the most important information themselves, which I do not know will work:

"I am puttin together my medical record idea to take to the patent attorney. I am guessing the best way to put-in paper records that exist now is to scan them. I should discuss it with him since he may have an idea on the subject. But I do not se another way of donig it."

APPENDIX M, JAN1401: I continue to reduce to practice by coding a database. I talk to medical personnel that stress the difficulty in having one form since many forms exist, for procedures, etc. The information makes me continue to develop the singular form, which I simply accept as a new form to add to the many. But this form could be used just for the vital information of a patient that can be used for emergency purposes.

"I am going to looking into database programming as ASP or SQL . . . The attorney shuold is workign on a medical record patent . . . I have been taking to medical personnel generally adn they told me that so many forms exist for every single aspect of the medical treatment and visit and for each patient and each process that a complete system wuold be tough to compelte. So, I am guessing having at least the most vital informatino for emergency people would be best with at least past hisory lsitins and shor list or problems as allergies, past problems, being allergic to something, and medicatino being taken."

APPENDIX N, FEB1401: I continue to reduce to practice by completing the patent application. I begin to code for slight variations in the system depending on the user since different types of personnel will have different needs. Also, I continue to develop the technology for possible use with a cell phone, though I recognize that cell phones are not ideal. I begin to work on security measures for wireless communications since I do not want the medical information to be intercepted.

"I have an appointment with the attorney tomorrow to sign the application . . . The use of the medical record system over the internet is a good idea. I do nto know if I can get everyone to agree on specific standards, btu I could try. I do not know if physicians will have the same wants as police men or EMTs. Making the system specific in some manner for each group seems important. Each groups needs would have to be addressed. . . If cell phone technology were to improve with the cell phone becoming more like a little computer, then I think the medical record idea . . . could be more acceptable by many groups and used. But portable computers are not so great and wireless communications are not ideal. I am concerned about privacy of sening the medical records wirlessly."